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Brief Report

Ethnic and Clinical Characteristics of a Portuguese Psychiatric Inpatient Population

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Abstract The present study examined the association between ethnicity and clinical characteristics of patients admitted to a psychiatric inpatient unit in Portugal. The only ethnicity-related terms routinely recorded in the medical records were "Black" (mainly from the African Portuguese-speaking countries of Cape Verde, Angola, Guinea, Sao Tome and Mozambique) and "White." Black immigrants appeared to be over-represented, comprising 19.6% of inpatients; and were younger and more frequently male when compared with White inpatients. They were more frequently diagnosed with schizophrenia and acute or transient psychosis, and less frequently diagnosed with delusional and personality disorders than White inpatients. These results are consistent with previous studies in the US and UK, and highlight the need for more culturally sensitive care in mental health services.

Key words diagnosis • ethnic differences • Portugal • psychiatric inpatients

Several studies have reported that patients' ethnicity influences help-seeking and psychiatric diagnosis and therefore may be associated with

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ethnic differences in the clinical characteristics of inpatient populations (Delbello, Lopez-Larson, Soutullo, & Strakowski, 2001; Strakowski et al., 1995). In studies in the US and UK, when compared to "White" inpatients, "Black" inpatients have been described as younger, with significantly longer duration of hospitalization, more frequent admission through the emergency room, and more compulsory admissions (Bhugra, Bhui, & Christie, 1995; Bolden & Wicks, 2005; Fabrega et al., 1994; Jarvis, 1998). Black inpatients are also significantly more likely to be diagnosed with schizophrenia and substance abuse than White inpatients, and less likely to be diagnosed with an affective or personality disorder (Bhugra et al., 1995; Delbello et al., 2001; Strakowski et al., 1995, 1996; Strakowski, Shelton, & Kolbrener, 1993; Sproston & Nazroo, 2002).

Ethnic differences in symptom profiles have been observed, with Black patients presenting more severe psychotic symptoms, and particularly more first-rank symptoms (Strakowski et al., 1996). Attitudes towards illness are also different, with Black patients reported as being less likely to have insight and less compliant with medication during the early course of their illness (Perkins & Moodley, 1993). Prescription patterns differ according to ethnicity: Black psychiatric patients are more likely to receive antipsychotic dosages in excess of the recommended range and less likely to receive second-generation antipsychotics (Chung, Mahler, & Kakuma, 1995; Opolka, Rascati, Brown, & Gibson, 2004).

Current explanatory hypotheses for these differences highlight demographic and environmental variables that might confound the effects of ethnicity, including age, gender, level of education, associated diagnoses, socio-economic disadvantages and immigration, as well as family and community responses to psychiatric disorders (Fabrega et al., 1994; Goater et al., 1999; Jarvis, 1998; Morgan, McKenzie & Fearon, 2008). Other factors that may contribute to these differences include clinician bias (low rigor in the use of diagnostic criteria in patients with a different ethnic background) and cultural bias (true ethnic differences in symptom expression being overlooked or misinterpreted) (Anglin, 2008; Whaley, 2004).

There are no published studies on this subject focused on patients in Portugal. The current study aimed to better characterize the clinical characteristics of Portuguese psychiatric inpatients in terms of their ethnicity. The purpose of this study was to evaluate the ethnic, demographic and clinical characteristics of the patients admitted to a Portuguese psychiatric inpatient unit.

Methods

Hospital Fernando Fonseca is located in the municipality of Amadora, a suburban area 10 km away from Lisbon. Of the total population of

Amadora, 10.5% are first generation African immigrants (Câmara Municipal da Amadora, 2001). Eighty-two percent of the immigrants in the municipality are from African Portuguese-speaking countries, 7.5% are from Brazil and the remaining 3.3% from Eastern Europe (Câmara Municipal da Amadora, 2005). A large percentage (46.7%) of the immigrant population is between 25 and 44 years old (Câmara Municipal da Amadora, 2001). Many of these immigrants face precarious housing and working conditions, carrying out low-paid, uncontracted labor, with no social protection in case of illness or unemployment. As the psychiatric inpatient unit of Hospital Fernando Fonseca serves a multi-ethnic population, it is well fitted to study the impact of ethnic factors in psychiatric patients' clinical characteristics.

We reviewed the medical records of all patients admitted to the Psychiatric Department of Hospital Fernando Fonseca between January 1, 2004 and June 30, 2007. The records were contained in a computerized database, updated regularly by the Department's clinical secretary, using the information contained in the patient's discharge notes. Incomplete records (missing even a single variable) were excluded from the analysis. Variables assessed included age, gender, ethnicity, discharge diagnosis, number of readmissions, and compulsory admissions. Patients were counted as compulsory admissions if they had at least one compulsory admission in the period studied. Data were analysed using SPSS version 15.0. Student's *t*-test was used for continuous and Chi-square for nominal variables.

Results

A total of 1000 patients' medical records, representing 1412 admissions, were reviewed. After excluding all the incomplete records (23 patients and 30 related admissions), our final sample included 977 patients. In terms of ethnicity, only the labels "Black" and "White" were consistently recorded. Patients were therefore divided into Black ($n = 189$) and White ($n = 788$) despite the fact that some patients have mixed racial origins and the separation is artificial. For the purposes of this study, "Black" refers to patients of African origin, specifically first-, second- or third-generation immigrants, primarily from the African Portuguese-speaking countries of Cape Verde, Angola, Guinea, Sao Tome and Mozambique. The term "Black" (*negro*) is widely used in Portugal, and does not convey racial prejudice.

Black inpatients represented 19.3% of the inpatient population and, when compared with White inpatients, were younger (35.9 ± 12.7 vs. 45.8 ± 16.7 years, $t = 7.07$, $p < .001$) and more frequently male (60.3 vs. 43.8%, $\chi^2 = 16.70$, $p < .001$). Although not statistically significant, more Black

inpatients had compulsory admissions than White inpatients (18.5% vs. 14.1%, $\chi^2 = 2.36$, NS) and fewer Black inpatients had no readmissions (43.9% vs. 49%, $\chi^2 = 1.57$, NS).

The distribution of the psychiatric diagnoses meeting ICD 10 criteria is shown in Table 1, which lists all diagnostic categories with $n > 10$, according to their overall frequency. Black inpatients significantly differed from White inpatients in being more frequently diagnosed with schizophrenia (22.2% vs. 15.7%, $\chi^2 = 4.55$, $p < .05$) and with acute and transient psychosis (10.1% vs. 3.6%, $\chi^2 = 14.06$, $p < .001$), and less often diagnosed with delusional disorders (2.1% vs. 5.8%, $p < .05$) and personality disorders (1.1% vs. 4.2%, Fisher's test, $p < .05$). There was no statistically significant difference (40.2% vs. 47.0%, $\chi^2 = 2.79$ $p = .10$) in diagnoses of affective disorders (bipolar disorder and unipolar depression).

Discussion

The relative ethnic distribution of the inpatient unit population differs from the population of the hospital catchment area: 19.3% of psychiatric inpatients are Black, a figure higher than the percentage of first generation African immigrants in Amadora (10.5%) registered in the 2001 census. This suggests that the African immigrant population was over-represented in the inpatient population. However, these numbers are difficult to compare for a number of reasons. In the first place, many Black inpatients are not first generation immigrants. Second, due to the fact that many immigrants do not have papers allowing them to legally reside and work

TABLE 1
Psychiatric diagnoses in White and Black inpatients ($N = 977$)

	White ($n = 788$)		*Black* ($n = 189$)	
Diagnosis (ICD 10)	*n*	*%*	*n*	*%*
Bipolar disorder (F31)	308	39.8	66	34.4
Schizophrenia (F20)	136	17.6	46	24.0
Unipolar depression (F32)	52	6.7	9	4.7
Delusional disorder (F22)	45	5.8	4	2.1
Personality disorder (F60)	31	4.0	2	1.0
Acute and transient psychosis (F23)	27	3.5	19	9.9
Dementia (F00–03)	23	3.0	1	0.5
Dysthymia (F34.1)	12	1.6	0	0.0
Mental retardation (F70–73)	9	1.2	2	1.0
Dissociative disorder (F44)	7	0.9	5	2.6
Other diagnosis	138	17.5	35	18.5

in Portugal, their numbers are likely to be underreported in census figures. Finally, the migrant population in the area has been increasing and the numbers refer to different periods of time (the 2001 census vs. the 2004–2007 hospital registry). Therefore, it is not possible to conclude that the difference between the census rate and the rate found in the current study is due to a higher frequency of psychiatric disorders in the Black population.

There were some significant differences between White and Black psychiatric inpatients in the population studied: Black patients were younger, more frequently male, had comparatively more frequent diagnoses of schizophrenia and acute psychosis, and less frequent diagnoses of delusional disorders and personality disorders. These results are similar to those obtained in studies carried out in other countries, as previously described. This parallel is intriguing, given that the UK, US, and Portugal have very different social and ethnic profiles.

Hypotheses explaining the differences between Black and White inpatients should consider cultural, socioeconomic and immigration factors. In the current study, all the psychiatrists working in the inpatient unit were White and Portuguese, and there is inevitably a cultural gap between these professionals and some of the African immigrants. Symptoms, which might have been labelled as dissociative or due to a personality disorder in White Portuguese patients, may have been considered as psychotic in patients with a different cultural background. It is also important to consider that African immigrants in Portugal are more frequently unemployed, experience worse housing conditions, and live in more crowded areas. All of these social conditions – as well as immigration itself – may be independent risk factors for mental disorders. However, two recently published studies (Kirkbride et al., 2008; Veling, Hoek, & Mackenbach, 2008) address the impact of socio-economic status and of perceived discrimination and found that none of these variables were risk factors for schizophrenia or other psychosis – more studies are needed to clarify this issue.

Another important factor is that help-seeking behaviour patterns may differ for White and Black populations, and may account for the lower number of affective disorders found among Black inpatients. It is possible that only severely disorganized behaviour such as psychosis may be considered a reason to go to the doctor.

The comparable number of readmissions among White and Black patients may reflect how care provision is organized in the Psychiatric Department of Hospital Fernando Fonseca. The Department includes multidisciplinary teams working in the community, which are easily accessible, and which actively follow severely mentally ill patients. The Community Outreach Teams follow all patients after discharge,

minimizing the risk of unplanned readmissions. As Black patients have a greater likelihood of psychotic diagnoses they might be expected to have more readmissions. However, in our Inpatient Unit there is not a linear relationship between psychotic diagnosis and higher number of re-admissions – the highest number of readmissions is among bipolar patients. Many schizophrenic patients have only one or two admissions when they are actively followed by the Community Teams.

Limitations of the study include the use of retrospective data and the lack of information of ethnicity and immigration status. Since most Black patients are probably first or second generation immigrants, and most White patients are not, immigration status per se – rather than ethnic factors alone – may be responsible for the differences we found. In future studies this issue could be addressed.

The results of this study highlight the need for more culturally sensitive care in inpatient units, in order to address different patients' demographic and clinical profiles. The first contact with the patient in the context of acute psychosis is particularly important, in order to avoid, whenever possible, compulsory admission and the stigma that accompanies it. The results are consistent with those obtained in studies carried out in several other countries, despite differences in cultural and social context.

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